

BOARD OF REGISTERED NURSING

P O Box 944210, Sacramento, CA 94244-2100 TDD (916) 322-1700 Telephone (916) 322-3350 www.rn.ca.gov



Ruth Ann Terry, MPH, RN Executive Officer

DIVERSION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its Diversion Evaluation Committees (DEC's). These committees, which are composed of nurses, physicians and public members, are integral parts of the Board's Diversion Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

EXPERTISE - Members must have demonstrated expertise in the field of chemical dependency and/or mental health.

TIME – A minimum of four days per year will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

FINANCIAL REIMBURSEMENT - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for each committee meeting and \$100 for preparation for the meeting.

RESPONSIBILITIES – Evaluate and determine which registered nurses will be admitted to the program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

CONFLICT OF INTEREST – The Diversion Program is contracted to a private contractor outside of State service. DEC members cannot be involved in other program components, e.g.,nurse consultant, contractor staff, etc.

If you have any questions regarding the application or the Diversion Program, please call the program manager at (916) 324-2986.



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DIVERSION EVALUATION COMMITTEE APPLICATION

PLEASE PRINT OR TYPE

| NAME: | |
|---|---|
| ADDRESS: | |
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| PHONE: () Work | () () Home Cell |
| E-Mail Category for which you are applying: *Nurse | (<u>)</u> Fax e Physician Public Member |
| *California License Number: *(License must be current and active status) | Social Security Number: |
| Area(s) of Expertise: Chemical Dependen | cy Mental Health |
| In the space provided below, briefly summa experience which documents your expertis | arize your professional, educational and/or personal se: |
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| In the space provided below, give your philosophical beliefs relative to the treatment of chemical dependency. | |
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| I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS AND REIMBURSEMENT OF DIVERSION EVALUATION COMMITTEE MEMBERS. | |
| Signature | |
| Date | |

SUBMIT COMPLETED APPLICATION AND RESUME TO:

Diversion Program Manager Board of Registered Nursing 400 R Street, Suite 4030 Sacramento, CA 95814-6239